								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECOR									16007779				
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE C OR			OTHER THAN SMALL ENTITY		
7	OTAL CLAIMS	. .	18					RATE	FEE	7	RATE	FEE	
F	OR .	,	NUMBER FILED		NUM	NUMBER EXTRA		BASIC FI	370.00	OR	BASIC FEE	740.00	
Ē	OTAL CHARGE	ABLE CLAIMS	18 minus 20=					X3 9=		OR	X\$18=		
IN	DEPENDENT C	LAIMS	3 minus 3 =		• -			X42-		OR	X84.		
MULTIPLE DEPENDENT CLAIM PRESENT								+140=	1	OR	+280=		
• !	* If the difference in column 1 is less than zero, enter "O" in column 2								37000	OR	TOTAL	·	
CLAIMS AS AMENDED - PART II								C1 5A1 4	ENTITY	-	OTHER		
V		(Column 1)		(Colum	ESY	(Columin 3)	۱	SHAL	ADDI-	ОЯ 1 . 1	SMALL		
AMENDMENT!		REMANING AFTER AMENOMENT		PREVIO PAID	XUSLY	PRESENT		RATE	TIONAL		PIATE	ADDI- TIONAL FEE	
	Total	• 10	Minus	-	20_	- 0		X\$ 9=		OR	X\$18=		
₹	Independent	MINITION OF N	Minus	***	3	- 0	1	X42=	1	OR	X84=		
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								1	OR	+280=		
	2001							TOTAL DOIT, FEI	- 8	OR	TOTAL ADOIT, FEE	·	
_	77805	(Collumn 1)		(Colum		(Column 3)	-		·	•	ADUIT. PEEL		
AMENDMENT B		CLAIMS REMAINING APTER AMENDMENT		HIGH NUME PREVIO PAID I	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total		Minus	- 2	10	• ~		X\$ 9=	·	OR	X\$18=		
	Independent FIRST PRESE	NTATION OF MI	Minus	ENDENT	3 ·	- /	11	X42=		OR	X84=	·	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=		
	•	•				•	- A	TOTAL DOIT. FEE		OR ,	TOTAL ADDIT, FEE		
(Column 1) (Column 2) (Column 3)													
AENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAIDY	ER USLY	PRESERT EXTRA		RATE	ADDI- TIONAL FEE		FATE	ADDI- TIONAL FEE	
AMENDMEN	Total	· 10	Minus	-20		•	Λľ	X\$.9=		OR	X\$18=		
AME	Independent	• 2	Minus	-3	7	٠	1	X42=	\-				
PIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM												ائسيز –	
* If the entry in column 1 in less than the entry in column 2, write "t" in column 3. "If the "Highest Number Previously Peld For IN THIS SPACE is tess than 20, enter "20." OR +280** TOTAL OR +280**													
	The Highest Nur	mber Previously Paid ber Previously Paid	id For' IN THE	s space in	tors the	. 2	~4	DDIT, FEE d in the ap	propriate box	A	DOIT. FEE L inn 1.		
												1	